

**Darren B Russell**

MBBS, FRACGP, DipVen, FACHSHM, is Director of Sexual Health, Cairns Sexual Health Service, Queensland, Clinical Associate Professor, The University of Melbourne, and Adjunct Associate Professor, James Cook University, Queensland.
darren_russell@health.qld.gov.au



The newly single man

Background

The newly single man may be attending a consultation for an issue related to the end of a relationship, or he may present for a totally unrelated physical reason. The consultation with a newly single man presents an opportunity to engage in health promotion activities.

Objective

Issues relevant to three discrete age groups: 14–25, 26–45, and 46–70 years, will be discussed and interventions will be outlined.

Discussion

Health issues will vary according to the life stage and the age of the man as well as his personal circumstances. However, issues surrounding mental health (including suicidality), drug use (including tobacco and alcohol), and sexual health are pertinent and the presentation provides the general practitioner with the opportunity to raise these issues and encourage discussion.

■ **A consultation with the newly single man is a great opportunity for the general practitioner, or indeed for any other health practitioner. The man may be attending for an issue related to the end of a relationship, or perhaps he will be looking toward the future. Alternatively, he may present for a totally unrelated physical reason. The GP may also be the health care provider for the partner from whom the man has separated, and on occasion this can present some ethical dilemmas, or at least make for some awkward consultations!**

For the purpose of this article, I will restrict myself to discussing men from their teens to age 70 years. Most men in these age groups will find themselves single again due to separation/divorce, but especially in the older age group, the death of a spouse becomes an increasingly likely event.

The newly single adolescent/young man (14–25 years)

This is the age of the 'serial monogamist' (although many women would argue that some men never advance beyond this developmental stage!), when males will often quite rapidly move onto another sexual partner after a relationship ends. The man is unlikely to have children or property at this stage (although it is certainly a possibility) and may still be living at home with parents and siblings, so separation from a partner is often less legally complicated.

A consultation with a young man of this age should ideally include a 'HEADSS' assessment (*Table 1*),¹ regardless of the reason he is presenting. Presentations may well be for a physical reason such as an upper respiratory tract infection or a sporting injury, but of course any man who has recently separated from a relationship – especially one that may have been long term – may have emotional concerns, and is at risk for depression and/or suicidal thoughts.

Until relatively recently, men in this age group have been at highest risk for completed suicide, but Australian trends have changed since 1998, in that in 2006 (the latest year for which figures are available) men aged 35–49 years are now at highest risk. It is important to remember, though, that suicide still accounts for 17% of

'The only really happy folk are married women and single men'.

H L Mencken (1880–1956)

'A single man has not nearly the value he would have in a state of union. He is an incomplete animal. He resembles the odd half of a pair of scissors'.

Benjamin Franklin



all deaths in males aged 15–19 years, and 21% in the 20–24 years age group. Hanging is the most common method, accounting for 52% of all male suicides in Australia.²

Given the high rate of sexual partner turnover in this young population, a sexual health check should be broached with every newly single male in this age group. Over 50 000 cases of *Chlamydia trachomatis* were diagnosed in 2007 in Australia, with the highest rates seen in the 15–29 years age group.³ A urine polymerase chain reaction (PCR) test is quick and easy to perform, and very reliable. It is not necessary to wait a set period of time before the patient passes urine, but it is important to ask for a first catch urine specimen, as this increases the sensitivity of the test substantially. Other sexually transmitted infections (STIs) worth considering in a screening test are:

- HIV
- hepatitis B (and C if injecting drug use has occurred), and
- syphilis.

Hepatitis B vaccination should be offered to those who have not been vaccinated previously. The place of Gardasil® vaccination against human papillomavirus is still being evaluated for young men, although it is licensed in Australia for males aged 9–15 years. Recent unpublished data suggest that it is effective in preventing external genital lesions, including genital warts, in young men.⁴

Gay or bisexual men in this age group may still have some concerns related to ‘coming out’ to family, school mates, work mates, or friends. They are at particular risk for suicidal thoughts, and possibly for completed suicides. In addition, there is evidence of higher alcohol and drug use in these young men, and interventions aimed at harm minimisation, rather than total abstinence, may be easier for these men to digest. Regular STI screens in these men, if they have had a recent change of partner, or have more than one sexual partner, are recommended.⁵ In many parts of Australia there are currently epidemics of chlamydia, gonorrhoea, syphilis, and HIV in homosexually active men.

The newly single youngish man (26–45 years)

The newly single man in this age group is more likely to have left a long term relationship, to have children, and maybe to have shared property. There is data that shows that men are less likely to be the instigator of the decision to separate, and it may in fact come as a huge surprise.⁶ This has implications for the grieving process and the time it takes for the man to recover. The female partner may already have moved on, having been thinking of the break up for some time, and planning it. She may also have discussed it with friends and/or family, and started the process of seeking out suitable supports.

Both men and women rate doctors' help as important. Physical stress symptoms, emotional upset and loneliness are the most commonly experienced problems. Men are more likely to experience a need to understand why the relationship has broken down, a desire for reconciliation, suicidal tendencies, and work difficulties. Men are more likely to disclose to a doctor issues about work difficulties and increased drug use (including alcohol) than are women.⁶ They are also

Table 1. The HEADSS assessment

The HEADSS mnemonic forms the basis for an assessment that provides a ‘psychosocial biopsy’, an opportunity to facilitate rapport and risk assessment, and a guide to any interventions which may be necessary.

H – Home environment

E – Education/employment

A – Activities and peer relationships

D – Drugs/cigarettes/alcohol

S – Sexuality

S – Suicide/depression/mood screen

Adapted from: Goldenring and Cohen, 1988

at greater risk of car accidents and psychiatric hospitalisation in the first few months following separation.⁷

One of the most pressing issues for men who have been recently separated is the threat of losing contact with their children.⁷ Up until the 1900s, the father would almost always be granted custody of his children, but in the 20th century the trend changed significantly such that the mother was more likely to be granted custody. In the 21st century, models based on ‘shared parenting’ are heavily promoted by the Family Court of Australia. Worries about losing contact with his children can be overwhelming for the man and psychological/psychiatric referral may be required to help him deal with this and other issues arising from the separation.

Once again, discussions around resuming sexual activities with new partners may be an important part of the consultation, although it is obvious that it can be difficult to determine when the man is ready for this.

The man may also be leaving a relationship with another man, or may be leaving a relationship with a woman to enter into a relationship with a man. It is important to remember that not all men are exclusively heterosexual, although some may not feel comfortable in divulging this information.

The newly single middle aged and older man (46–70 years)

The ‘baby boomers’ make up much of this age group. There is compelling evidence that divorce is not good for the health of middle aged men. A recent cross sectional study of middle aged Danish twins showed a relationship between increased levels of smoking and depression which was attributable to the stressful effects of marital dissolution.⁸

An Australian study of Adelaide (South Australia) men aged 35–80 years showed a relationship between separated/divorced and widowed men, and an increased prevalence of asthma and diabetes, respectively.⁹ Therefore there can be opportunities for preventive health activities in newly single men of this age group. The usual culprits of smoking, alcohol abuse, overweight, and physical underactivity can all be discussed with the newly single man,



although his receptivity to such preventive health efforts will vary depending on the time since separation/loss.

The GP can play a major role in helping men in this situation to mourn their losses. Male gender roles have been directed to self sufficiency, independent problem solving, and inhibition of feelings, and have generally not prepared men well to elicit support and to work on an emotional level.¹⁰ Following divorce or the death of a spouse, a man may lose the only confidant and source of intimacy that he has. Women, on the other hand, are more likely to have a wider network of supports.

With regard to the divorce process, men tend to realise what they have lost rather late. Men may mourn the loss of their relationship by throwing themselves into work, hobbies, or social life, and by somatisation. It is at the time when men are coming to the realisation of what has been lost that they are most amenable to the offer of support and/or counselling. Before this, there may be a period of denial, when offers of help will be rejected while the man works at trying to avert the divorce.

Men are also more likely than women to quickly replace their marital partner with other sexual partners.¹¹ In this age group, though, concerns about body image and erectile function may loom large, with men being anxious about being attractive and 'virile' enough to find a new partner. Psycho-education about what is 'normal' aging in the male (including inevitable changes to the male sexual response), along with the judicious prescription of PDE5 inhibitors (sildenafil, tadalafil, and vardenafil) can be helpful. Condom advice is also recommended – many men in this age group will not have used condoms for many decades, if at all. Erectile problems also make it more difficult for a man to sustain an adequate erection while using a condom.

Conclusion

Most men will cope well with the losses associated with finding themselves single, and won't need extra support. A consultation with a newly single man however, presents an opportunity to engage in health prevention activities that are relevant to the age of that man. In particular, issues surrounding mental health (including suicidality), drug use (including tobacco and alcohol), and sexual health are pertinent. Formal counselling, either by the GP, or by a psychologist/psychiatrist, may help the man adjust to the losses he has experienced. The GP may need to reach out at the appropriate time to offer these services.

Conflict of interest: none declared.

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